



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: FEBRUARY 12, 2009

**PSC#849**

A STATE-WIDE HOSPITAL EMERGENCY PREPAREDNESS  
ASSESSMENT, DEVELOPMENT OF A STATE-WIDE HOSPITAL SURGE  
PLAN, UPDATE OF THE MENTAL HEALTH PLAN, AND COLLECTION  
OF INFORMATION FOR THE OFFICE OF THE ASSISTANT SECRETARY  
FOR PREPAREDNESS AND RESPONSE (ASPR) GRANT

FOR

DIVISION OF PUBLIC HEALTH

Date Due: MARCH 18, 2009  
11:00 AM

**ADDENDUM # 1**

PLEASE NOTE

THE ATTACHED SHEETS HEREBY BECOME A PART OF THE ABOVE  
MENTIONED BID.

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**A State-Wide Hospital Emergency Preparedness Assessment, Development And Production  
Of A State-Wide Hospital Surge Plan, Update Of The Mental Health Plan, And  
Collection Of Information For The Office Of The Assistant Secretary For  
Preparedness And Response (ASPR) Grant**

**RFP PSCO-849  
Pre-bid Meeting February 12, 2009  
Question and Answers**

**RFP Due Date: March 18, 2009**

Meeting started at 10:00am

Conducted by Sandra Skelley, Bill Ingram, Robert Pinkerton, Vivek Maharaj, Joseph Hughes, and Nicole Quinn

**Introductions:**

Al Stuart, SERCO  
Andrew Mazzeo, Tetra Tech  
Bob Grasso, SAIC  
Craig Stevens, JSI Research and Training  
Dave Hunt, CRA  
Ellen P. Clas, Clas Consulting  
Gill Cosnet, Tetra Tech  
Glenn D. Krasker, Critical Management Solutions  
James K. Stewart, CNA  
Joseph Trainor, University of Delaware  
Kathleen M. Barrett, Dewberry  
Mathew Butler, Cogent Preparedness  
Myra M. Socher, TriMed  
Percina Curtis-Diggs, Solutions  
Rebecca Cohen, Yale New Haven Health  
Scott Teper, ICF  
Shingai Samuel, BDA Global  
Steven M. Fruchtman, BDR  
Tibor Toth, University of Delaware  
Will Moorhead, EnviroSafe Consulting and Investigations  
Win Hauffman, Collaborative Fusion

*Questions are indicated in black ink; Answers to each question is in red ink.*

- 1). What is the approximate budget range for the four projects together and if possible separately?  
Answer: **\$378k**
- 2). Is this anticipated to a fixed price or time and materials contract?  
Answer: **Fixed price**
- 3). What is budgeted amount for this project as a whole and/or as subparts?  
Answer: **There is only one budget for this project \$378k.**
- 4). Can you confirm the deadline for completion of all deliverables as 6 months from the start of contract?  
If contract start date is June 1, 2009 then the completion date is December 1, 2009.  
Answer: **Yes**
- 5). Will the same point of contact for the State be used in each of these contracts? In other words, if four different companies win the four different parts to this RFP, will all of them be working with the same point of contact or will that be assigned to different staff members as appropriate?  
Answer: **Contractors will be in contact with different staff members as appropriate.**
- 6). Again, if four different companies are awarded contracts, what collaboration, if any, is expected to complete the projects? Do any of the projects overlap in duties or requested information?  
Answer: **Regardless of how the projects are awarded to however many companies, it is recommended that all awardees maintain close contact in order to ensure a consistency in data and in the final product(s). The assessment of the hospitals, the Hospital Surge plan, and the ASPR data collection project, in particular, are closely related, and consistency between the three of them is critical**
- 7). What is the budget range for this project? Do you have budget ranges for each of the four component projects?  
Answer: **\$378K; no**
- 8). Has the Division completed a Hospital Assessment within the past 6 years? If yes, is that Assessment available to potential bidders? Also, if yes, is it desired that the Successful Bidder use a different assessment tool or the same tool?  
Answer: **Yes. A) 2008 Medical Evacuation Planning Conference Study. B) 2007 US HHS / FEMA Hurricane GAP Analysis. C) Reports to ASPR. Copy of GAP Analysis survey results to be given to successful bidder. Assessment tool may borrow from previous survey tools, but must allow for written data and / or explanations, not just a spreadsheet that tracks numbers.**
- 9). Is the hospital assessment only for acute-care hospitals? How many hospitals are to be assessed?  
Answer: **Yes, 8 plus PHPS programs.**

- 10). Is it the intent of the Division of Public Health that the Hospital Assessment is a self-assessment conducted by the hospitals within the state using a tool or tools provided by the Successful Bidder or does the Division require an audited assessment conducted by the Successful Bidder?  
Answer: **Method is up to bidder, but no self assessment by hospitals or DPH as the main means of information gathering.**
- 11). For the Hospital Assessment, Level One Capabilities, Items 4, 5 and 6, is it the intent of the Division that assessment will verify the existence of specific plans, validate the thoroughness of those plans, or evaluate the overall level of preparedness in each of these areas?  
Answer: **All three as it relates to the ASPR Work Plan**
- 12). For Hospital Assessment, Level One and Level Two capabilities, has the Division established standards for the hospitals within the State that the hospitals are expected to achieve (ie. Has each hospital been asked to develop a plan for an alternate care site or to develop a mobile medical capacity)?  
Answer: **A) ASPR Standards and Work Plan B) Targeted Capabilities List C) Joint Commission Standards**
- 13). For the Hospital Assessment, Hospital Emergency Planning Documentation section, is the Successful Bidder expected to perform on-site surveys of the hospitals, comprehensive reviews and gap analysis of existing Emergency Preparedness plans, or develop a self-assessment tool that enables hospitals to self-report these issues?  
Answer: **On – Site surveys, Comprehensive reviews and gap analysis of plans.**
- 14). Within the Hospital Assessment, Emergency Stockpile / Site Preparedness, Structural Information, is it the intent of this Assessment to review Hospitals' internal Engineering studies from an engineering perspective? Or simply to verify that hospitals have had engineering studies conducted by appropriate professionals?  
Answer: **Verify studies along with date and status**
- 15). Ability to vertically evacuate patients: does this mean verify that the Hospital has a plan to vertically evacuate patients? Or has exercised that plan and validated their ability to vertically evacuate patients?  
Answer: **Assess both; not any exercises / drills in report**
- 16). Designation of Landing Zone: how many hospitals in the state have designated landing zones? Is it the intent of the assessment to simply gather the indicated information from each hospital that has a designated landing zone?  
Answer: **DSP study to be provided to winning bidder, needs updating and correction.**
- 17). In-House stockpile: Is it the intent to ask hospitals how many days of supply that they SELF-REPORT that the routinely have on-hand in each of the identified areas? Or is it intended that the Successful Bidder shall review inventories and usage records to determine an estimate?  
Answer: **Bidder will include this in interview / survey process, but no full, itemized inventory is necessary**

- 18). For Evacuation Planning, is it intended to verify that each hospital assessed has an evacuation plan and collect the identified information (ie destination hospitals, type of agreements, number of ICU patients the destination hospital has agreed to accept, etc)?  
Answer: **Yes**
- 19). When will the copies of the Public Health Preparedness Section's plans and formatting guide be made available?  
Answer: **Sample plans and format templates to be posted, specific For Official Use Only (FOUO) plans to be provided to successful bidder (eg ACC Plan)**
- 20). Does the State currently have a medical Surge Capacity Plan?  
Answer: **No**
- 21). Is it the intent of the RFP that Successful Bidder shall assess and document each hospital's current surge capacity in each identified area of patient care, or is it intended that the Successful Bidder shall assist each hospital improve its surge capacity planning in each of the identified areas?  
Answer: **Both**
- 22). Has the State developed alternate care sites (or resources to support such alternate care sites)?  
Answer: **ACC's, MMF (Plans are FOUO and only available to successful bidder)**
- 23). When the RFP requires "Detailed responsibilities of all response agencies" (Page 11 under B. Surge Planning item v.) what level of detail is the State seeking?  
Answer: **Refer to other state plans for samples**
- 24). Does the state have a Mental Health Response Plan?  
Answer: **Yes, copy to be supplied to successful bidder (plan is FOUO)**
- 25). Where the RFP states, "Identify services for pharmacologically dependent persons...": is it the intent of the RFP for the Successful Bidder to develop a directory of where such services would routinely be available?  
Answer: **Provide list of responsible agencies or persons (no contact lists in plan)**
- 26). Is it intended that the Family Assistance Center be developed as a physical location (either fixed or mobile) or could it be a technology vehicle such as a web-based or telephone-based system? Or is it intended to be a location with staff to provide face-to-face services to victims of a disaster and their families and friends?  
Answer: **Family Assistance Center component, Page 12, Section II.D.ii, is removed from this RFP per this addendum**
- 27). Is the planned budget for this effort available to be shared with bidders?  
Answer: **Total Amount; \$378 K**
- 28). What is the source of funds?  
Answer: **Federal ASPR Grant**

- 29). Paragraph VII.A. states among the criteria .... “builds on existing work of the Division’s planning efforts” (10% weighting). Can a separate briefing or information summary be provided on current and recent past “planning efforts?”

Answer: **Public plans and formatting template to be posted; For Official Use Only (FOUO) plans and all other documents to be provided to successful bidder**

- 30). Can the Division confirm that the projects listed below and in the Scope of Services on page 8 item II are the four projects that bidders may select one project to bid on, may bid more than one project, or may bid on all of the projects:

1. Conduct a statewide hospital assessment
2. Develop and produce a statewide surge plan
3. Collect information required for the Office of the Assistance Secretary for Preparedness and Response (ASPR) grant
4. Update the All Hazards Mental Health Response Plan: Assist with the development of a Family Assistance Center

Answer: **One, some, or all though different bidders should maintain communications to ensure consistency of information.**

- 31). What are the individual budgets for each of the four projects?

Answer: **There is only one budget for this project \$378k.**

- 32). The contract term as stated on page 12 is six (6) months. Does this mean that the selected vendors, when developing a timeline/work-plan, can spend six months on every project, if they choose, as long as all of the projects a particular vendor is working on are completed at the end of the six month period?

Answer: **Six months, though this may be phased within the six months if multiple bidders take different parts.**

- 33). Page 8 of the RFP states that the Division may select multiple bidders for this project. If multiple bidders are awarded different projects, will the different vendors be able to communicate with each other as each one completes their respective projects? For example, if different contractors are working on project 1 (Hospital Assessment) and project 2 (Surge Plan), each project would be enhanced by the vendors working together, sharing information, etc.

Answer: **Yes**

- 34). How will the contract monitoring mentioned on page 14 be carried out? Does the Division anticipate sending staff to the vendor’s offices? Or will monitoring be done by teleconference, emails, progress reports, submission of deliverables according to an agreed-upon schedule, etc.?

Answer: **As deliverables are met.**

- 35). What is the estimated turn-around time for subcontractor approvals by the Division, as this may impact the timeline?

Answer: **Your subcontractors should be identified in your proposal. If they are not, or they are changed, the subcontractor will be approved within one week of submission to DPH for approval.**

- 36). Can the Division share approximately how long it takes to obtain a Delaware business license, as this may impact the timeline?  
Answer: **Temporary license is issued online, and 2-3 weeks you shall get it in the mail.**
- 37). Do subcontractors need to acquire a Delaware business license?  
Answer: **Yes**
- 38). How many facilities are included in the hospital assessment project and are all of these facilities acute care hospitals?  
Answer: **8**
- 39). Is facility participation in the statewide hospital assessment voluntary or mandatory?  
Answer: **All are committed to project**
- 40). Does the Division have copies of the documents, datasets, etc. that contain the required information for the assessments, or does the information need to be obtained by the vendor from each hospital? If information is to be obtained by the vendor, does the Division have expectations as to how the information will be collected, such as via a web enabled electronic assessment, on-site assessment meetings at each facility or multi-facility meetings at a central location?  
Answer: **We have survey forms from previous projects, but none have all the info we want / need; how to conduct assessment is up to the vendor, but self – assessment should not be the primary means of gathering info.**
- 41). Regarding item ii on page 9 addressing Hospital Emergency Planning Documentation, will this review consist specifically of Emergency Management Plans/Emergency Operations Plans or include Emergency Management Plans/Emergency Operations Plans plus all supporting and referenced documents?  
Answer: **Plans + supporting documents**
- 42). Are there any specific deliverables related to the results of the statewide hospital assessment that the Division wishes to receive?  
Answer: **Just the assessment document**
- 43). Do the Division's expectations of a statewide surge plan include accompanying hospital specific guidance tools or templates?  
Answer: **Yes, they should be in the plan as tabs, as appropriate**
- 44). Can the Division provide additional information on existing planning efforts related to statewide hospital surge planning? Can any existing plans that address statewide hospital surge planning be reviewed by bidders?  
Answer: **These will be given to awardee (5)**
- 45). Can the Division provide bidders with the Public Health Preparedness Section format and formatting guide for plans that is referred to in item B on page 12?  
Answer: **Formatting template will be posted with sample plans**

- 46). Does the required information for mid-year and end of year ASPR reports referred to in item C on page 12 refer to the standard deliverables required by all states from ASPR or has Delaware modified these deliverables in any way? If Delaware has modified the deliverables, what are the modifications?  
Answer: **Standard Deliverables**
- 47). In what format does the Division request the required information for the ASPR grant?  
Answer: **In the grant required format from the ASPR reporting template (not the guidance)**
- 48). Will the vendor be responsible for developing the final report that will be provided to ASPR?  
Answer: **Yes**
- 49). Regarding information collection, does the Division have a specific protocol required for the information collection process or require supporting documentation?  
Answer: **No**
- 50). Can the Division provide additional information on existing planning efforts related to all hazards mental health response planning? Can any existing plans that address all hazards mental health planning be reviewed by bidders?  
Answer: **Plan is FOUO and will be given to awardee**
- 51). Does the Division currently have a Family Assistance Center or plans for a Family Assistance Center? Can any existing plans for a Family Assistance Center be reviewed by bidders?  
Answer: **N/A; family assistance center component, Page 12, Section II.D.ii, is removed from this RFP per this addendum**
- 52). What assistance does the Division require regarding the development of a Family Assistance Center and what agency will the vendor be assisting?  
Answer: **NA; family assistance center component, Page 12, Section II.D.ii, is removed from this RFP per this addendum**
- 53). Do the Division's project expectations include development of written plans for a Family Assistance Center or for a Family Assistance Center to be fully operational?  
Answer: **NA; family assistance center component, Page 12, Section II.D.ii, is removed from this RFP per this addendum**
- 54). Does the Division have a scope of services and target population identified for the Family Assistance Center?  
Answer: **NA; family assistance center component, Page 12, Section II.D.ii, is removed from this RFP per this addendum**
- 55). Has any hospital assessment been conducted to date in Delaware?  
Answer: **Yes**
- 56). How many hospitals will participate in the onsite evaluation process?  
Answer: **8 plus PHPS programs**



- 57). Will the evaluation data be presented to Public Health by hospital or in aggregate form?  
Answer: **Both**
- 58). Will the assessment be used to populate an inventory database or another purpose?  
Answer: **Probably , but this would be done by DPH**
- 59). Will surrounding states be included in the surge plan?  
Answer: **No**
- 60). Will the surge plan be an annex to another state plan? If yes, this that plan available for review prior to the proposal due date?  
Answer: **Plan will be stand alone, but will be tied to other plans**
- 61). Have any statewide surge capacity planning activities been conducted in the last 5 years?  
Answer: **Two ACC Functional Exercises, 1 TTX**
- 62). How has Pubic Health been collecting the information for the ASPR reports to date?  
Answer: **By contacting the hospitals ourselves**
- 63). Is there an active Hospital Preparedness Planning Committee or other committee that will be involved in any of the four projects? If so, how?  
Answer: **Yes, they will serve as the main contacts; can be met with individually or as a group**
- 64). What is the budget range for each of the four projects?  
Answer: **\$378K for the total**
- 65). Is there a staff person dedicated to working with the selected contractors on these projects?  
Answer: **Yes**
- 66). Does the contractor work directly with the hospitals and other partners or is the DPH the sole conduit?  
Answer: **Both; DPH should stay informed and provide oversight**
- 67). When are the work products for each project due?  
Answer: **These may need to be phased based on submissions**
- 68). With regard to proposal due date – the cover of the RFP lists the date as March 18, 2009, 11AM, while on page 17 the due date is listed as March 12, 2009, 11am. Please clarify.  
Answer: **March 18, 2009 is the due date**
- 69). What is the intended contract type (T&M, CPFF, FFP, other)?  
Answer: **Fixed Price**
- 70). Will DHSS provide a vendor list of those who attend the bidder's conference?  
Answer: **Yes, a copy of the sign in sheet was provided to those bidders that attended the Pre-bid meeting.**

- 71). What is the grant or funding ceiling intended for this effort?  
Answer: **\$378K**
- 72). Will the hospitals already have provided, or know what information to provide, for the ASPR grant?  
Answer: **No, but they have provided similar info in previous years and are familiar with the process (note: questions in the ASPR Template change annually.)**
- 73). Will a survey design be necessary to obtain information from the hospitals, or would the data collection occur in face-to-face meetings?  
Answer: **Up to the vendor, but no self reporting**
- 74). Is the surge plan a medically focused surge plan for increase patient care needs?  
Answer: **Yes, but not just extra patients (eg. can they surge additional vent patients)**
- 75). Will DPH be providing the Joint Commission Requirements documents if requested by the vendor?  
Answer: **Joint commission standards and requirements resources will need to be purchased from the joint commission**
- 76). Will the VA Hospital be one of the hospitals participating in the survey and other aspects of the project?  
Answer: **No**
- 77). Will we have access to the ASPR work plan if we are awarded the contract?  
Answer: **Yes**
- 78). All dates for proposal submission are listed as March 18<sup>th</sup>, 2009 with the exception of that on Page 17 of the RFP which states submission date as March 12<sup>th</sup>. Is this a typo?  
Answer: **Yes, correct date is 3/18/09**
- 79). What is the amount of funds available for this project?  
Answer: **\$378K**
- 80). Since the project can be broken up among different contractors, are there specific funding limits for each project area?  
Answer: **No**
- 81). Do the hospitals have internal plans in place for distribution of medications to their staff, staff families, and patients?  
Answer: **This would be part of the assessment**
- 82). Is there an "Interested Bidders List" or some other way to let other vendors know that I'm interested in subcontracting to them for this opportunity?  
Answer: **We will post your information on the Q&A. Vendor's address is Ric Skinner, GISP; Owner/Consultant/Researcher - Healthcare Preparedness, Health Geographics, GIS; The Stoneybrook Group LLC (Veteran Owned Business); Sturbridge, MA  
Email: [ric.skinner@gmail.com](mailto:ric.skinner@gmail.com) ; Website: [www.healthGISguy.com](http://www.healthGISguy.com), [www.linkedin.com/in/ricskinner](http://www.linkedin.com/in/ricskinner)**

- 83). Regarding the Statewide Hospital Preparedness Assessment, do you envision as a deliverable of this project a statewide Internet based application where each hospital can enter and maintain its own information?  
Answer: **No, because the ASPR template changes annually**
- 84). If yes to Question #2, do you envision as a deliverable of this project a GIS mapping component for the Internet based application?  
Answer: **N/A**
- 85). Regarding developing and implementing a Statewide Surge Plan, do you envision as a deliverable of this project an Internet based application that provides near real time status of assets and resources for all hospitals and healthcare facilities?  
Answer: **State already uses web EOC and IRMS**
- 86). Does "hospital" also encompass health centers, health clinics, long term care/nursing facilities, rehabilitation hospitals, specialty hospitals/clinics, etc.?  
Answer: **No just acute care**
- 87). Do you anticipate the Statewide Hospital Assessment would involve a process similar to the Dept. of Homeland Security's Comprehensive Assessment Model being conducted for each facility?  
Answer: **No**
- 88). What level of staff and other resources can the successful vendor expect from the Division of Public Health and Social Services or from the individual health facilities to assist in this project?  
Answer: **Only oversight from DPH**
- 89). What specific information is required for mid-year and end-of-year ASPR grant reporting?  
Answer: **See the ASPR guidance and template**

Meeting adjourn at 11:15am